

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		3				
4		3				
5		1				
6		2				
7		2				
8		2				
9		2				
10		1				
11		2				
12		2				
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24		2				
25	1					
26	Cancel					
27		2				
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50						
TOTAL IND.	2					
TOTAL DEP.	64					
TOTAL CLAIMS	66					

  

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